

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/536 874

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		2			
4	2		2			
5	1		1			
6	1		1			
7	0		1			
8	0		1			
9	1		1			
10	1		1			
11	2		2			
12	2		2			
13	0		2			
14	0		2			
15	0		2			
16	1		1			
17	1		1			
18	2		2			
19	0		2			
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	21	←	25	←	←	
TOTAL CLAIMS	24		28			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						